US Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only  READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT		
1 File Number U 9489	2 Fiscal Year Covered From		
3 Name and address of person filing	1 2005 Through 12 31 2005  4 Name file number and address of labor organization		
Name Charles G Gulberson	Name Plumbers and Pipefitters Local 671		
	Labor Organization File Number 058719		
PO Box Bldg Room No If any	PO Box Building and Room Number if any		
Street 2038 Carisbrook Dr	Street 309 Detroit Ave		
City Temperance	Crty Monroe		
State Michigan ZiP Code + 4 48182	State Michigan ZIP Code + 4 48162		
A. Held an interest in, engaged in transactions (including loans) with o monetary value from an employer whose employees your organization.			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income		
Name			
Trade Name if any			
PO Box Bldg Room No If any	7 b Amount		
Street	/ B / Allowing		
City			
State ZIP Code + 4			
Sig	nature		
15 Signature and ventication. The undersigned declares under penalty of submitted in this report (including the information contained in any accompar undersigned's knowledge and belief true correct, and complete (See the s			
Signed Charles It Shiler			

Date

Telephone Number

Name of Person Filing Charles Gulberson		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name Plumbers and Pipefitters JAC  Trade Name if any Plumbers and Pipe Fitters  PO Box Bidg Room No if any  Street 309 Detroit Ave  City Monroe  State Michigan ZiP Code+4 48162	9 Business deals with  a Labor Organiza  b Trust  c Employer	ation		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ling		
Name N/A  Trade Name if any  PO Box Bidg. Room No if any  Street  City  State  ZiP Code + 4	Instructor and Adm Training Received admistrating the A	ninistrator of Apprenticeship d wages for instructing and Apprenticeship Fund and receive conference expenses and (Lost T	`ime	
	12.b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name N/A  Trade Name if any  P O Box Bidg Room No if any  Street  City  ZIP Code + 4	14 a Nature of payment N/A			
13.b is the Business an Employer or Consultant ?	14 b Amount of payment			